

Mayor's Youth Advisory Board Application

Please complete all pages of this application and return by **April 15, 2011** to:

Mayor's Youth Advisory Board
Attn: Debbie Baidenmann
P.O. Box 4755
Beaverton, OR 97076-4755

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **PAGER/CELL** _____

E-MAIL ADDRESS: _____

HOW LONG HAVE YOU LIVED IN BEAVERTON? _____

SCHOOL: _____ **CURRENT GRADE:** _____ **DATE OF BIRTH:** _____

1. How did you hear about the Mayor's Youth Advisory Board?

2. List your interests & activities (hobbies, organizations, clubs, sports, positions held, etc.):

3. What do you see as the role of youth in our society, and how would you like that to change in the future?

4. Why do you want to serve on the Mayor's Youth Advisory Board? *(Please be specific)*

5. Are you willing to attend board meetings twice a month? (circle one) Yes No

6. Please provide two references (one youth and one adult). Please see Pages 3 and 4 of this application for information to provide to an adult and a peer (youth) for a personal reference.

Reference 1.

Name _____

Address _____

Daytime Phone _____

Reference 2.

Name _____

Address _____

Daytime Phone _____

I understand that if I am selected as a member of the City of Beaverton Mayor's Youth Advisory Board, I will need to attend twice monthly meetings, and participate in a manner that brings honor and respect to the City of Beaverton, its citizens, and the Mayor's Youth Advisory Board.

Signature

Date

I give permission for _____ to apply for the Mayor's Youth Advisory Board. If selected, I will support him/her in attending meetings and functions related to the Mayor's Youth Advisory Board.

Signature of Parent or Guardian

Date

Reference #1 / Adult
City of Beaverton Mayor's Youth Advisory Board

- ◆ *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- ◆ *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name _____

Reference's Name _____

Address _____

City, State, and Zip Code _____

Home Phone _____ Work Phone _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature _____ Date _____

Reference #2 / Peer
City of Beaverton Mayor's Youth Advisory Board

- ◆ *Applicant:* **Two** references must be completed by non-relatives; one adult and one peer.
- ◆ *Reference:* Please include the following information about yourself so that we may contact you if necessary.

Applicant's Name _____

Reference's Name _____

Address _____

City, State, and Zip Code _____

Home Phone _____ Work Phone _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature _____ Date _____

IMPORTANT! Person completing this reference must place the reference in a sealed envelope and mail it to the following address:

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P.O. Box 4755
Beaverton, OR 97076-4755